

ANNUAL STATEMENT

FOR THE YEAR ENDING DECEMBER 31, 2018 OF THE CONDITION AND AFFAIRS OF THE

		A	meriHealth Mic		c.		
			(Name))			
	00936 rrent Period)	,(Prior Period)	NAIC Company (Code	15104	Employer's ID Number _	46-0906893
Organized under the Laws	of	Michigan		_, State of [omicile o	r Port of Entry	Michigan
Country of Domicile				United Sta	tes		
Licensed as business type:	Life, Accid	ent & Health []	Property/Case	ualty []	H	lospital, Medical & Dental Se	ervice or Indemnity []
	Dental Ser	vice Corporation []	Vision Service	e Corporatio	n[] H	lealth Maintenance Organiza	ition [X]
	Other []		Is HMO, Fed	derally Quali	ied? Yes	[] No[X]	
Incorporated/Organized		08/15/2012	Cor	mmenced Bu	ısiness	04/17/20	013
Statutory Home Office		100 Galleria Officen		· .			
Main Administrative Office							
Phlia	delphia, PA,	US 19113		(Sileer a	ina Namber)	215-937-8000	
(City or To	wn, State, Coun	try and Zip Code)			(Area Code) (Telephone Number)	
Mail Address		eria Officentre, Suite 2	210A,				
Primary Location of Books a	,	,			200 Ste		Code)
Timary Location of Books (ana 1 (000) ao						
	delphia, PA,	US 19113 try and Zip Code)	,		(Area)	215-937-8000	2)
Internet Web Site Address		, aa <u>z.</u> .p 0000/	www.ame	erihealthcarit	`	, , , , , , , , , , , , , , , , , , , ,	1)
Statutory Statement Contac		Robert Michael					
•		(Name)				(Area Code) (Telephone Number) (Extension)
rgregor((E-Mail Addre	hcaritas.com ess)				(Fax Number)	
			055105				
Name		Title	OFFICE	:RS	Name		Title
Michael John Burgoyn	е#,	Treasure	r	Robert Ed		le, Esquire ,	Secretary
Sarah Matt Owens		Presiden	t				•
	,		OTHER OF	FICERS		,	
Steven Harvey Bohn	or	DIRE Marilyn Lee Ed	United States Property/Casualty [] Hospital, Medical & Dental Service Vision Service Corporation [] Health Maintenance Organization Is HMO, Federally Qualified? Yes [] No [X] Commenced Business 04/17/2013 Tre, Suite 210A Southfield, MI, US 48034 (City or Town, State, Country and Zip 200 Stevens Drive (Street and Number) 200 Stevens Drive (Street and Number) (City or Town, State, Country and Zip 215-937-8000 (Area Code) (Telephone Number) (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code) (City or Town, State, Country and Zip Code) (Street and Number) 215-937-8000 (Area Code) (Telephone Number) (Extension) (Area Code) (Telephone Number) (Area	Andre Finch #			
Oteveri Harvey Bollin		Maniyii Lee Le	Mey #	Michael	JOHN DUI	goyne # Jay	Andre i mon #
State of	Pennsylvania.	ss					
County of	.Philadelphia						
above, all of the herein describ that this statement, together w liabilities and of the condition a and have been completed in ac may differ; or, (2) that state rulk knowledge and belief, respective	ed assets were the content of the cordance with es or regulation of the copy (exception).	e the absolute property of nibits, schedules and exp ne said reporting entity as the NAIC Annual Statem ons require differences in ore, the scope of this attu- t for formatting difference	of the said reporting e collanations therein cores of the reporting period and Instructions and A reporting not related estation by the describ	ntity, free and ntained, anney od stated aboraccounting Prate accounting bed officers al	clear from ted or refe ye, and of in actices and practices a so includes	any liens or claims thereon, excred to, is a full and true statem ts income and deductions theref Procedures manual except to the and procedures, according to the sthe related corresponding elect	pept as herein stated, and lent of all the assets and from for the period ended, e extent that: (1) state law best of their information, ronic filing with the NAIC,
Michael John)		
Treas	urer		Secreta	ıry		Presid	lent
Cuboosibad and accome (ofor "	in					Yes [X] No []
Subscribed and sworn to be day of		ıs ary, 2019				ate the amendment number	
						ate filed	

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals			,	,		
Group subscribers:			İ			
					ł	·····
					ł	
0299997 Group subscriber subtotal	1	t	1	h	1	1
0299998 Premiums due and unpaid not individually listed		 			0	J
0239390 Fiterinams ade and unipaid not maividually listed	t	1	1	h	1	1
0299999 Total group	629,920	473,612	489,622	11,216,441	9	12,809,595
0499999 Premiums due and unpaid from Medicaid entities	1	1				12,000,000
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	629,920	473,612	489,622	11,216,441	0	12,809,595
0099999 Accident and health premiums due and unpaid (Fage 2, Line 19)	023,320	4/3,012	403,022	11,210,441	0	12,009,000

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
harmaceutical Rebate Receivables						
PerformRx, LLC		111,693	111,693		730,236	335,07
0199999 - Pharmaceutical Rebate Receivables	111,693	111,693	111,693		730,236	335,07
0299998 - Aggregate of amounts not individually listed above.	77,729	37,963	37,866		153,559	
0299999 - Claim Overpayment Receivables	77,729	37,963	37,866	0	153,559	
0299998 - Aggregate of amounts not individually listed above. 0299999 - Claim Overpayment Receivables Capitation Arrangement Receivables						
Detroit Area Agency on Aging				1,771,194	1,652,039	119,15
0499999 - Capitation Arrangement Receivables	0	0	0	1,771,194	1,652,039	119,15
				ļ		
1799999 Gross Health Care Receivables	189,422	149,656	149,559	2,501,430	2,535,834	454,2

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		eivables Collected the Year		eivables Accrued 31 of Current Year	5	6
Type of Health Care Receivables	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	620,399	758,539		1,065,314	620,399	982,252
Claim overpayment receivables	302,657	2,535,124		153,559	302,657	332,301
Loans and advances to providers					0	
Capitation arrangement receivables			1,771,194		1,771,194	1,216,302
Risk sharing receivables					0	
6. Other health care receivables					0	
7. Totals (Lines 1 through 6)	923,056	3,293,663	1,771,194	1,218,873	2,694,250	2,530,855

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

	Aging Analysis of Unpaid	Claims		_	_	-
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)		,		•	•	
0199999 Individually listed claims unpaid	0	0	0	0	0	0
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	2,088,340					2,088,340
0499999 Subtotals	2,088,340	0	0	0	0	2,088,340
0599999 Unreported claims and other claim reserves						9,004,697
0699999 Total amounts withheld 0799999 Total claims unpaid						11,093,037
0899999 Accrued medical incentive pool and bonus amounts						11,033,037
2000000 Accided inedical incentive pool and bondo amounto						1

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	T 6	Adm	itted
	_					7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
AMHP Holdings Corp	2,000,000					2,000,000	
				 			
				1			
				1			
0199999 Individually listed receivables	2,000,000	0	l0	10	I0	2,000,000	0
0199999 Individually listed receivables	, ,					,,	
0399999 Total gross amounts receivable	2,000,000	0	0	0	0	2,000,000	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
Amerihealth Caritas Services, LLC	Administrative and Staffing Services	641,480	641,480	
Blue Cross Blue Shield of Michigan, LLC	Administrative Services and other costs	0	0	
0199999 Individually listed payables.		641,480	641,480	0
0199999 Individually listed payables		641,480 91,759	91,759	
0399999 Total gross payables		733,239	733,239	0

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
Medical groups		0.0		0.0		
2. Intermediaries		0.0		0.0		
3. All other providers	936 , 806	1.3	2,892	100.0		936 , 806
Total capitation payments	936,806	1.3	2,892	100.0	0	936,806
Other Payments:						
5. Fee-for-service	0	0.0	xxx	XXX		
Contractual fee payments			lxxx	XXX		70 , 567 , 400
7. Bonus/withhold arrangements - fee-for-service		0.0	Lxxx	XXX		
Bonus/withhold arrangements - contractual fee payments	0	0.0	Lxxx	XXX		
9. Non-contingent salaries	0	0.0	lxxx	XXX		
10. Aggregate cost arrangements	0	0.0	Lxxx	XXX		<u> </u>
11. All other payments		0.0	lxxx	XXX		<u> </u>
12. Total other payments	70,567,400	98.7	xxx	XXX	0	70,567,400
13. Total (Line 4 plus Line 12)	71,504,206	100 %	XXX	XXX	0	71,504,206

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

	EXHIBIT / - PART 2 - SUMMART OF TRANSACTIONS	4411111141 F L	VIAIL DIVIL	3	
1	2	3	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC
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			1	1	İ
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		.	ļ	ļ	
			ļ		<u> </u>
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

·	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment						
Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies	▍╚					
Durable medical equipment						
Other property and equipment						
3. Other property and equipment						
6. Total	0	0	0	0	0	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

								(LOCATION)		
AIC Group Code 00936 BUSINESS IN THE STATE OF	Michigan			DURING THE YEAR	2018	ľ	Γ	NA	C Company Code	15104
	1	Compre (Hospital 8 2	& Medical)	4	5	6	7	8	9	10
	Total	Medicare Vision	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other			
Total Members at end of:										
1. Prior Year	3,286							3,286		
2 First Quarter	3,385							3,385		
3 Second Quarter	3,335							3,335		
4. Third Quarter	3,111							3,111		
5. Current Year	2,892							2,892		
6 Current Year Member Months	38,379							38,379		
Total Member Ambulatory Encounters for Year:										
7. Physician	69,820							69,820		
8. Non-Physician	10,887							10,887		
9. Total	80,707	0	0	0	0	0	0	80,707	0	
10. Hospital Patient Days Incurred	10,081							10,081		
11. Number of Inpatient Admissions	1,495							1,495		
12. Health Premiums Written (b)	75,596,056							75,596,056		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	75,596,056							75,596,056		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	71,504,206							71,504,206		
18. Amount Incurred for Provision of Health Care Services	71,622,942							71,622,942		

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$75,596,056



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

IAIC Crown Code 00006 DUCINECC IN THE CTATE OF	Connelidated			DURING THE YEAR	2040			(LOCATION)		15104
IAIC Group Code 00936 BUSINESS IN THE STATE OF	Consolidated	Comprel		DURING THE YEAR	2018			N.F.	IC Company Code	15104
	1	(Hospital 8	Medical)	4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,286	0	0	0	0	0	0	3,286	0	
2 First Quarter		0	0	0	0	0	0	3,385	0	
3 Second Quarter	3,335	0	0	0	0	0	0	3,335	0	
4. Third Quarter	3,111	0	0	0	0	0	0	3,111	0	
5. Current Year	2,892	0	0	0	0	0	0	2,892	0	
6 Current Year Member Months	38,379	0	0	0	0	0	0	38,379	0	
Total Member Ambulatory Encounters for Year:										
7. Physician	69,820	0	0	0	0	0	0	69,820	0	
8. Non-Physician	10,887	0	0	0	0	0	0	10,887	0	
9. Total	80,707	0	0	0	0	0	0	80,707	0	
10. Hospital Patient Days Incurred	10,081	0	0	0	0	0	0	10,081	0	
11. Number of Inpatient Admissions	1,495	0	0	0	0	0	0	1,495	0	
12. Health Premiums Written (b)		0	0	0	0	0	0	75,596,056	0	
13. Life Premiums Direct		0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written		0	0	0	0	0	0	0	0	
15. Health Premiums Earned	75 , 596 , 056	0	0	0	0	0	0	75,596,056	0	
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	
17. Amount Paid for Provision of Health Care Services	71,504,206	0	0	0	0	0	0	71,504,206	0	
18. Amount Incurred for Provision of Health Care Services	71,622,942	0	0	0	0	0	0	71,622,942	0	

(a) For health business: number of persons insured under PPO managed care products 0_____and number of persons insured under indemnity only products 0____

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$75,596,056

Schedule S - Part 1 - Section 2 NONE

Schedule S - Part 2

NONE

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9999999 Totals

SCHEDULE S - PART 3 - SECTION 2

			Re	insurance Ceded /	Accident and Heal	th Insurance Liste	d by Reinsuring Con	npany as of Decemi	per 31, Current Year				
1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
NAIC			Name		Type of	Type of		Unearned	Reserve Credit	11	12	Modified	
Company	ID	Effective	of	Domiciliary	Reinsurance	Business		Premiums	Taken Other than for			Coinsurance	Funds Withheld
Code	Number	Date	Company	Jurisdiction	Ceded	Ceded	Premiums	(Estimated)	Unearned Premiums	Current Year	Prior Year	Reserve	Under Coinsurance
General Ac	count – Authorize		es - U.S. Non-Affiliates										
60739	74-0484030		AMERICAN NATL INS CO	ТХ		MR	167,205						
0899999			lon-Affiliates – U.S. Non-Affiliates				167,205	0	0	0	0	0	0
			lon-Affiliates – Total Authorized Non-Affiliates				167,205	0	0	0	0	0	0
			otal General Account Authorized				167,205	0	0	0	0	0	0
			Account Authorized, Unauthorized and Certified				167,205	0	0	0	0	0	0
6999999	– Total U.S. (Sum	of 0399999, 0899	999, 1499999, 1999999, 2599999, 3099999, 3799999	, 4299999, 4899999,	5399999, 5999999 and	6499999)	167,205	0	0	0	0	0	0
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			<u> </u>						-			·····	

167,205

Schedule S - Part 4

Schedule S - Part 5

SCHEDULE S – PART 6 Five-Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1	Omitted) 2	3	4	5
	2018	2017	2016	2015	2014
A. OPERATIONS ITEMS					
1. Premiums	0	0	0	0	0
2. Title XVIII-Medicare	167	197	200	117	0
3. Title XIX-Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance	0	0	0	0	0
Total hospital and medical expenses	334	97	55	0	0
B. BALANCE SHEET ITEMS					
Premiums receivable	0	0	0	0	C
7. Claims payable	0	0	0	0	C
Reinsurance recoverable on paid losses	0	0	0	0	c
Experience rating refunds due or unpaid	0	0	0	0	c
10. Commissions and reinsurance expense allowances due.	0	0	0	0	c
11. Unauthorized reinsurance offset	0	0	0	0	c
12. Offset for reinsurance with Certified Reinsurers	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	
14. Letters of credit (L)	0	0	0	0	
15. Trust agreements (T)	0	0	0	0	
16. Other (O)	0	0	0	0	
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust	0	0	0	0	C
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	
20. Trust agreements (T)	0	0	0	0	C
21. Other (O)	0	0	0	0	(

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

		1	2	3
		As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	10,654,895		10,654,895
2.	Accident and health premiums due and unpaid (Line 15)	12,809,595		12,809,595
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	xxx	0	0
5.	All other admitted assets (Balance)	2,571,820		2,571,820
6.	Total assets (Line 28)	26,036,310	0	26,036,310
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	11,093,037	0	11,093,037
8.	Accrued medical incentive pool and bonus payments (Line 2)	0		0
9.	Premiums received in advance (Line 8)	0		0
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount).	0		0
11.				
12.				
13.				
14.				4,273,537
15.	Total liabilities (Line 24)		0	15,366,574
16.			xxx	10,669,736
17.	Total liabilities, capital and surplus (Line 34)	26,036,310	0	26,036,310
	NET CREDIT FOR CEDED REINSURANCE	, ,		, ,
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	0		
23.	Total ceded reinsurance recoverables	0		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers.	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers.	0		
29.	Other ceded reinsurance payables/offsets	0		
30.	Total ceded reinsurance payables/offsets	0		
31.	Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2 INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

		Allocated By States and Territories Direct Business Only 1 2 3 4 5							
States, Etc.		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals		
1. Alabama									
2. Alaska	AK								
3. Arizona	AZ								
4. Arkansas	AR						-		
5. California							-		
6. Colorado	CO						-		
7. Connecticut							-		
8. Delaware							-		
9. District of Columbia	DC								
10. Florida			-				-		
11. Georgia	GA		-				-		
12. Hawaii							-		
13. Idaho									
14. Illinois	IL		-			·	·		
15. Indiana	IN		-			·	-		
16. lowa	JA		-			-	-		
17. Kansas			-			-	-		
18. Kentucky									
19. Louisiana	LA								
20. Maine			-			ļ	-		
21. Maryland									
22. Massachusetts									
23. Michigan									
24. Minnesota	MN								
25. Mississippi									
26. Missouri	MO						.		
27. Montana	MT								
28. Nebraska	NE								
29. Nevada									
30. New Hampshire									
31. New Jersey	NJ			ļ					
32. New Mexico	NM								
33. New York	NY								
34. North Carolina	NC								
35. North Dakota	ND								
36. Ohio	HO								
37. Oklahoma	OK								
38. Oregon	OR								
39. Pennsylvania	PA								
40. Rhode Island	RI		ļ						
41. South Carolina	SC		.						
42. South Dakota	SD								
43. Tennessee	TN								
44. Texas	XT		.						
45. Utah	T		.						
46. Vermont	VT								
47. Virginia	NA								
48. Washington	WA								
49. West Virginia	WV								
50. Wisconsin	WI								
51. Wyoming	WY								
52. American Samoa	AS								
53. Guam									
54. Puerto Rico									
55. US Virgin Islands									
56. Northern Mariana Islands									
57. Canada									
58. Aggregate Other Alien									
59. Totals		0	1	0	0	0			

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership.	13	14	15	16
						Exchange if			Relationship		Board.	If Control is		Is an SCA	
		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group		Company		Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
00000		00000	47 - 1233198				Independence Health Group, Inc.	PA	UIP				Ladamadana	N	
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group,	Ownership.	100.0	Independence Health Group, Inc	N N	
00000			23-2423401	-			Allier ineartii, iiic	FA	VIF	IIIC	. ownerstrip	100.0	Independence	JN	
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth. Inc	Ownership	100.0	Health Group, Inc	l N	
			10 0000 11 0				1		1	Trinor mourtin, mo			Independence		
00000		00000	82-4299279				Tandigm MSO LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Health Group, Inc		
													Independence		
										A (FO)/			Health Group, Inc.		
										AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC			/ Comcast Connected Health,		
00000		00000	82-5264307				1819 LLC	DE	NIA	(50%)	Ownership	50.0	LLC	l N	
00000			02 0204007				1010 EE0		11/	(00%)	. o #1101 5111 p		Independence		
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
													Independence		
00000		00000	98-0438502				InsPro Technologies Corp	DE	NIA	Independence Blue Cross, LLC	Ownership	25.2	Health Group, Inc	N	
00000		00000	23-2800586				The Amerillanith Annual Inc	PA	NIA	Independence Blue Cross, LLC	O	100.0	Independence Health Group, Inc		
00000	Independence Health Group,		23-2000300	-			The AmeriHealth Agency, Inc	PA	N I A	Independence blue cross, LLC	ownership	100.0	Independence	N	
00936	Inc.	12812	30-0326654				Region 6 Rx Corp.	PA	IA	Independence Blue Cross, LLC.	Ownership	100 0	Health Group, Inc	l N	
	Independence Health Group,		00 002000				l segren e na eerp mannen						Independence		
00936	Inc	. 95794	51-0296135				Healthcare Delaware, Inc	DE		Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	И	
	Independence Health Group,		00 0005040				l	25					Independence		
00936	Inc	60254	23-2865349	-			Independence Insurance, Inc	DE	I A	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	98-0426648				AmeriHealth Assurance, Ltd	BMU	NIA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	l N	
00000			30-0420040				Allier mearth Assurance, Etu	DIVIO		I macpendence brue cross, ELC	. Owner strip	100.0	Independence		
00000		00000	23-2795357				AmeriHealth Services, Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
							NS Assisted Living Communities,				'		Independence		
00000		00000	23-2824200				Inc	PA	NIA	AmeriHealth Services, Inc	Ownership	100.0	Health Group, Inc	N	
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	l M	
00000			23-2902301	-			Tindependence nordings, inc	FA	INTA	Independence brue cross, LLC.	. Owner Strip	100.0	Independence		
													Health Group. Inc.		
													/ Mercy Health		
00000		00000	23-2944969	.			KMHP Holding Company, Inc	PA	NIA	Independence Holdings, Inc	Ownership	50.0	Plan	N	
										Independence Holdings, Inc.			l		
00000		00000	66-0195325				PRHP, Inc.	PR	NI A	(93.7%) / QCC Insurance	Ownership	100.0	Independence		
00000	Independence Health Group,	00000	00-0190320	-			FNNF , IIIC		NIA	Company (6.3%)	Ownership	1100.0	Health Group, Inc Independence	^N	
00936	Inc	93688	23-2184623	1			QCC Insurance Company	PA	IA	Independence Blue Cross, LLC	Ownership	100.0	Health Group. Inc	l N	
				1				1		']		Independence		
00000		00000	81-0681081	.			Veridign Health Solutions, LLC	PA	NIA	QCC Insurance Company	Ownership	100.0	Health Group, Inc	N	
1		l					International Plan Solutions,			1	l		Independence		ĺ
00000		00000	27 -0204996				LLC	DE	NIA	QCC Insurance Company	Ownership	38 . 2	Health Group, Inc	N	
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership.	13.0	Independence Health Group, Inc	N.	
00000			∠Ა•∠Უ∪ᲐᲐ I Ა				µmynway to ⊓cartii, iiic	.		LLV	1 0 MIIGT 2111 h	JIS.U	mearth broup, INC	N	

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	_		-		Ü	Name of	Ĭ		10		Type of Control	"	14	10	10
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
Craun		NAIC	ID	Federal		Publicly	Names of Parent, Subsidiaries	Dominilian	to	Directly Controlled by	Management,	Ownership	Ultimate Controlling	Filing	
Group Code	Group Name	Company Code	Number	RSSD	CIK	Traded (U.S. or International)	Or Affiliates	Domiciliary Location	Reporting Entity	(Name of Entity/Person)	Attorney-in-Fact,	Provide	Entity(ies)/Person(s)	Required? (Y/N)	*
Code	Group Name	Code	Number	NOOD	CIR	international)	Of Allillates	Location	Littly	(Name of Entity/Ferson)	illiluerice, Other)	Fercentage	Independence	(1/11)	
00000		00000	98-0408753				HTH Re. Ltd.	BMU	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N	
							Worldwide Insurance Services,				,		Independence		
00000		00000	54-1867679				LLC	VA	NIA	Highway to Health, Inc	Ownership	13.0	Health Group, Inc	N	
							AmeriHealth Administrators,						Independence		
00000		00000	23-2521508				Inc	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
00000		00000	40 0455000				0.16.5.1.1.8.6.4			AmeriHealth Administrators,	0 1:	400 0	Independence	.,	
00000	Ladanandanan Hanlah Canus	00000	13-3155962				Self Funded Benefits, Inc.	NJ	NIA	Inc	Ownership	100.0	Health Group, Inc	N	
00936	Independence Health Group,	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC	Ownerchin	100.0	Independence Health Group, Inc	N	
00930	Independence Health Group,	. 10055	01-30/0234				Tridependence Assurance company		I A	I maependence brue cross, LLC	Owner Strip	100.0	Independence	JV	
00936	Inc.	95044	23-2314460				AmeriHealth HMO, Inc	PA	LA	Independence Blue Cross, LLC	Ownershin	100 0	Health Group, Inc	N	
00000	Independence Health Group,	l											Independence		
00936	Inc.	. 95056	23-2405376				Keystone Health Plan East, Inc.	РА		Independence Blue Cross, LLC	Ownership	100.0	Health Group, Inc	N	
										Keystone Health Plan East,	·		Independence		
00000		00000	82-3774494				KHPE SubCo, Inc.	PA	NIA	Inc	Ownership	100.0	Health Group, Inc	N	
00000	Independence Health Group,	F 470 4	00 0070070				Independence Hospital Indemnity	D.4		l	0 1:	400 0	Independence		
00936	Inc	54704	23-0370270				Plan, Inc Independence Blue Cross	PA	I A	Independence Blue Cross, LLC Independence Hospital	Ownership	100.0	Health Group, Inc	N	
00000		00000	36-4685801				Foundation	PA	0TH	Indemnity Plan, Inc	Board	0.0	Health Group, Inc	N	
00000			30-4003001				l oundat for			Independence Hospital	D0a1 u		Independence	JV	
	Independence Health Group.						Inter-County Hospitalization			Indemnity Plan, Inc. (50%) /			Health Group. Inc.		
00936	Inc	54763	23-0724427				Plan, Inc.	PA	I A	Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	N	
		1 1								Independence Hospital	·		Independence		
	Independence Health Group,									Indemnity Plan, Inc. (50%) /			Health Group, Inc.		
00936	Inc	. 53252	23-2063810				Inter-County Health Plan, Inc	РА		Highmark, Inc. (50%)	Ownership	50.0	/ Highmark Health	N	
00000		00000	46-3878323				AmeriHealth Casualty Holdings,	PA	NILA	AmeriHealth. Inc	Ownership	100.0	Independence Health Group, Inc	A.I	
00000			40-38/8323				LLU	PA	NIA	AmeriHealth Casualty	ownership	100.0	Independence	IV	
00000		00000	25 - 1686685				CompServices. Inc.	PA	NIA	Holdings. LLC.	Ownership.	100.0	Health Group. Inc	N	
00000		i i						/ \]	oor on p		Independence		
00000		00000	25-1765486				CSI Services, Inc.	PA	NIA	CompServices, Inc.	Ownership	100.0	Health Group, Inc	N	
							AmeriHealth New Jersey				,		Independence		
00000		00000	46-3893959	.			Holdings, LLC	PA	NIA	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc	N	
													Independence		
										Amonilla a l Ala Mayu I a na a si			Health Group, Inc.		
00000		00000	61-1741302				AmeriHealth New Jersey, LLC	DE	NIA	AmeriHealth New Jersey Holdings, LLC	Ownership	02.4	/ Cooper Medical Services, Inc	NI NI	
00000			01-1/41302				I MIIIGI I II GAI LII INGW JEISEY, LLU		N I A	Inordings, LLC	Owner 2111h		Independence	JN	
													Health Group, Inc.		
							AmeriHealth TPA of New Jersey,						/ Cooper Medical		
00000		00000	61-1741805				LLC	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership	92.4	Services, Inc	N	
										<u> </u>			Independence		ļ
	l												Health Group, Inc.		
00000	Independence Health Group,	60061	00 0000404				AmeriHealth Insurance Company	AL I	1.4	Amonilla oldh New Janese U.O.	O	00.4	/ Cooper Medical		
00936	Inc.	1 00000]	22-3338404				of New Jersey	NJ		AmeriHealth New Jersey, LLC	ownership	J9Z.4	Services, Inc	N	

									10	T		1 40		T 4= T	
1	2	3	4	5	6	7 Name of	8	9	10	11	12 Type of Control	13	14	15	16
						Securities					(Ownership,				
						Exchange if			Relationship		Board,	If Control is		Is an SCA	
_		NAIC				Publicly	Names of		to		Management,	Ownership		Filing	
Group	l	Company	, ID	Federal	0114	Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling		*
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													Independence Health Group, Inc.		
							AmeriHealth HMO of New Jersey,						/ Cooper Medical		
00000		00000	35-2511976				Inc	NJ	NIA	AmeriHealth New Jersey, LLC	Ownership		Services, Inc.	l N	
]						1		1			Independence		
00000		00000	82-3756593				AHI SubCo 1, Inc	PA	UIP	AmeriHealth, Inc	Ownership	100.0	Health Group, Inc.	N	
													Independence		
00000		00000	82-3770369				AHI SubCo 2, Inc	PA	UIP	AHI SubCo 1, Inc.	Ownership	100.0	Health Group, Inc.	N	
00000		00000	45 0070040				LBO MILLIO	DE		AHI SubCo 2, Inc. (95%) /		400.0	Independence	١, ا	
00000	Ladasandanas Haalah Casus	00000	45 - 3672640				IBC MH LLC.	DE	UIP	KHPE SubCo, Inc. (5%)	Ownership	100.0	Health Group, Inc.	N	
00936	Independence Health Group,	96660	23-2408039				Vista Health Plan, Inc	PA	LA	IBC MH LLC	Ownership	100.0	Independence Health Group, Inc.	N	
00930	TIIC	90000	23-2400039	-			. VISTA NEATTI FIAIT, THE			TDC WIT LLC	Ownership	100.0	Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
00000		00000	30-0703311				BMH LLC.	DE	UIP	IBC MH LLC	Ownership.	61.3	Shield of Michigan.	N	
											İ '		Independence		
													Health Group, Inc.		
							AmeriHealth Caritas Services,						/ Blue Cross Blue		
00000		00000	45-5415725				LLC	DE	NIA	BMH LLC	Ownership	61.3	Shield of Michigan.		
													Independence		
													Health Group, Inc. / Blue Cross Blue		
00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61 3	Shield of Michigan.	l N	
00000		00000	30-3340000				Dilli CODGO 1 EEG	DL]	biiii EEO	0 #1101 3111 p		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Shield of Michigan.		
													Independence		
										DMIL OUROO I LLO (50%) / DMIL			Health Group, Inc.		
00000		00000	23-2842344				Voyatana Family Haalth Dlan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.2	/ Blue Cross Blue Shield of Michigan	l M	
00000		. 00000	23 - 2042344				Keystone Family Health Plan	PA	NIA	SUBCO 11 LLC (SU%)	Ownership	01.3	Independence	- I	
													Health Group, Inc.		
										BMH SUBCO I LLC (50%) / BMH			/ Blue Cross Blue		
00000		00000	23-2859523				AmeriHealth Caritas Health Plan.	PA	JUIP	SUBCO II LLC (50%)	Ownership	61.3	Shield of Michigan.	JN	
										(,			Independence		
													Health Group, Inc.		
00055	Independence Health Group,		07 0575				AmeriHealth Caritas Louisiana,	l					/ Blue Cross Blue		
00936	Inc	14143	27 - 3575066				Inc	LA	I A	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
													Independence		
	Independence Health Group.												Health Group, Inc. / Blue Cross Blue		
00936	Inc.	15800	47 - 3923267				AmeriHealth Caritas Iowa, Inc	I A	I A	AMHP Holdings Corp	Ownership	61 3	Shield of Michigan.	N	
00000	1110	10000	TI - JUZUZUI				inio moattii varitas tura, IIIC	I /\	I /\	Tumin notutnya corp	O #1101 9111 P		oniola or milaligali.		

										_					
1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
		NAIC				Exchange if Publicly	Names of		Relationship to		Board, Management,	If Control is Ownership		Is an SCA Filing	
Group		Company	, ID	Federal		Traded (U.S. or	Parent, Subsidiaries	Domiciliary		Directly Controlled by	Attorney-in-Fact,	Provide	Ultimate Controlling	Required?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	Location	Entity	(Name of Entity/Person)	Influence, Other)	Percentage	Entity(ies)/Person(s)	(Y/N)	*
													Independence Health Group, Inc.		
	Independence Health Group,												/ Blue Cross Blue		
00936	Inc.	. 15104	46-0906893				AmeriHealth Michigan, Inc	MI	RE	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan	N	
													Independence		
	Independence Health Group,						Select Health of South						Health Group, Inc. / Blue Cross Blue		
00936	Inc.	95458	57 - 1032456				Carolina, Inc.	SC	IA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	l N	
]			Independence		
	l												Health Group, Inc.		
00936	Independence Health Group,	. 15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc	DC	IA	AMHP Holdings Corp	.Ownership	61.2	/ Blue Cross Blue Shield of Michigan	N	
00930	1116	. 15000	. 40 - 14002 13					JDG		. AMHE HOTOTHYS COLD	. Owner Sirip		Independence		
													Health Group, Inc.		
										AmeriHealth Caritas Health			/ Blue Cross Blue		
00000		00000	27 - 0863878				PerformRx, LLC	PA	NIA	Plan	Ownership	61.3	Shield of Michigan.		
													Independence Health Group, Inc.		
													/ Blue Cross Blue		
00000		00000	61-1729412				PerformSpecialty, LLC	РА	NIA	PerformRx, LLC	Ownership	61.3	Shield of Michigan.	N	
											,		Independence		
										AmeriHealth Caritas Health			Health Group, Inc. / Blue Cross Blue		
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	Plan	Ownership.	61 3	Shield of Michigan.	N	
00000			. 20-1003217				TOTAL TIME TOTAL LEG						Independence		
													Health Group, Inc.		
							LINE II II I	.		AmeriHealth Caritas Health			/ Blue Cross Blue	l ,]	
00000		00000	. 26-1144363				AMHP Holdings Corp	PA	UDP	Plan	.Ownership	61.3	Shield of Michigan. Independence		
							Community Behavioral						Health Group, Inc.		
							Healthcare Network of						/ Blue Cross Blue		
00000		00000	25-1765391				Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan	N	
										Community Deboyional			Independence		
	Independence Health Group,									Community Behavioral Healthcare Network of			Health Group, Inc. / Blue Cross Blue		
00936	Inc	13630	26-0885397				CBHNP Services, Inc	PA	IA	Pennsylvania, Inc	Ownership	61.3	Shield of Michigan.]N	
]							, , , , , , , , , , , , , , , , , , , ,]		Independence]	
										L			Health Group, Inc.		
00000		00000	20-4948091				AmeriHealth Caritas Indiana,	IN	NIA	AmeriHealth Caritas Health	Ownership	61.2	/ Blue Cross Blue Shield of Michigan	l MI	
00000			. 20-4948091	-			LLU	IN	A I W	Plan	Townership		Independence		
													Health Group, Inc.		
													/ Blue Cross Blue		
										L			Shield of Michigan / Blue Cross Blue		
00000		00000	45-3790685				AmeriHealth Nebraska. Inc.	NE.	NIA	AmeriHealth Caritas Health Plan	Ownership	42.0	/ Blue Cross Blue Shield of Nebraska	, , , , , , , , , , , , , , , , , , ,	
00000			40-3790000				. Anner i nea i tii Nebiaska, i NC	JN⊏		. F a	. Ownership	42.9	Jointe la oi Nebraska.		

1	2	3	4	5	6	7 Name of Securities	8	9	10	11	12 Type of Control (Ownership,	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Code	Gloup Name	Code	Number	ROOD	CIK	international)	Of Allillates	Location	Littly	(Name of Emity/Ferson)	miliderice, Other)	Fercentage	Independence	(1/1N)	
00936	Independence Health Group,	14378	45-4088232				Florida True Health, Inc	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan	N	
00000		00000	61-1720226				Community Care of Florida, LLC	FL	NIA	Florida True Health, Inc	Ownership	31.2	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan / Prestige Health Choice	N	
													Independence		
	Blue Cross Blue Shield of Michigan	11557	47 - 2582248				Blue Cross Complete of Michigan	MI	JI A	AmeriHealth Caritas Health	Ownership	30.6	Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
							AmeriHealth Caritas Delaware,						Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	61-1847073				Inc	DE	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.		
	Independence Health Group,	10.151											Independence Health Group, Inc. / Blue Cross Blue		
00936	Inc	16451	82-1141687				AmeriHealth Caritas Texas, Inc	TX	I A	AMHP Holdings Corp	Ownership		Shield of Michigan. Independence	N	
00936	Independence Health Group,	16/122	61-1857768				AmeriHealth Caritas New Mexico,	NM	J I A	AMHP Holdings Corp	Ownership	61.3	Health Group, Inc. / Blue Cross Blue Shield of Michigan.	N	
00000	1110	10422	01-100/700				AmeriHealth Caritas Kansas,	,J W			. 0#11013111p		Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	82-3313629				Inc.	KS	NIA	AMHP Holdings Corp	Ownership	61.3	Shield of Michigan.	N	
00000		00000	00 4404074				AmeriHealth Caritas North	NO	NIIA	AMUR Halding One	Ower sale is	04.0	Independence Health Group, Inc. / Blue Cross Blue		
00000		00000	83-1481671				Carolina, Inc	NC	NIA	AMHP Holdings Corp	Ownership		Shield of Michigan.	N	
									1						
				•	•		·	•	•			•	•		

Asterisk	Explanation
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SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7 Income/	8	9	10	11	12	13
					Purchases, Sales or Exchanges of Loans, Securities, Real	(Disbursements) Incurred in Connection with Guarantees or	M	Income/ (Disbursements)		Any Other Material Activity Not in the		Reinsurance Recoverable/ (Payable) on Losses and/or
NAIC Company	ID I		Shareholder	Capital	Estate, Mortgage Loans or Other	Undertakings for the Benefit of any	Management Agreements and	Incurred Under Reinsurance		Ordinary Course of the Insurer's		Reserve Credit
Company	Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Dividends	Capital	Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
		Select Health of South Carolina, Inc.	(29,500,000)	Continuations	investinents	Ailliate(3)	(152,214,985)	Agreements	 	Dusiness	(181,714,985)	raker/(Liability)
13630	26 - 0885397	CBHNP Services, Inc.	(23,300,000)				(102,214,300)		†		0	
14143	27 - 3575066	AmeriHealth Caritas Louisiana, Inc.	(9,400,000)				(81, 109, 482)		1		(90,509,482)	
14378	45-4088232	Florida True Health, Inc.					(172,587,732)		1		(171,742,939)	
15088	46-1480213	AmeriHealth Caritas DC. Inc.	(5,900,000)	10,000,000			(63 936 531)		1		(59,836,531)	
15104	46-0906893	AmeriHealth Michigan, Inc.	(0,000,000)	9,000,000			(12,289,357)		1		(3,289,357)	
00000	23-2859523	AmeriHealth Caritas Health Plan					95,356,990		L		95,356,990	
00000	45-5415725	AmeriHealth Caritas Services, LLC					244,986,171		1	<u> </u>	244,986,171	
15800	47 - 3923267	AmeriHealth Caritas Iowa, Inc.		5,000,000			(4,435,120)		1	(50,000,000)	(49, 435, 120)	
16451	82-1141687	AmeriHealth Carits Texas Inc		1,500,000			/		ļ		1.500.000	
16422	61-1857768	AmeriHealth Caritas New Mexico. Inc.		1,500,000					ļ		1,500,000	
00000	27 - 0863878	PerformRx, LLC					32,913,249		ļ	.	32,913,249	
00000	61-1729412	PerformSpecialty, LLC					99,470,444		ļ		99,470,444	
00000	26-1144363	AMHP Holdings Corp.	44,800,000	(27,000,000)					ļ	50,000,000	67,800,000	
	38-2069753	BCBSM Mutual Ins Co					261,610		ļ		261,610	
00000	61-1720226	Community Care of Florida, LLC	(844,793)				13,584,743		ļ		12,739,950	
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9999999	Control Totals		0	0	0	<u> </u>	0	0	XXX	0	0	0

AmeriHealth Caritas lowa, Inc. distributed additional paid in capital in amount of \$50,000,000 to the shareholder, AMHP Holdings Corp., due to wind down of operations.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

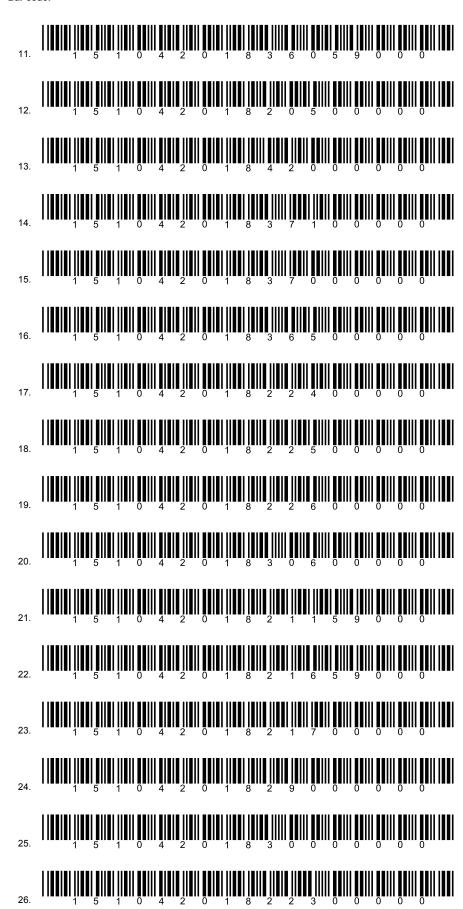
	MARCH FILING	Responses
1.		YES
2.		YES
3.		YES
4.	·	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
	AUGUST FILING	
10	. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
Howe inter	following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covever, in the event that your company does not transact the type of business for which the special report must be filed, your response of the company will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your compever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.	of NO to the specific
	MARCH FILING	
11	. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	N0
12	. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	N0
13	. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	N0
14	be filed with the state of domicile and electronically with the NAIC by March 1?	N0
15	domicile and electronically with the NAIC by March 1?	N0
16	. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	N0
17	filed electronically with the NAIC by March 1?	N0
18	electronically with the NAIC by March 1?	N0
19	. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?	N0
	APRIL FILING	
20	. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	N0
21	. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	N0
22	. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	N0
23	. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	N0
24	the NAIC by April 1?	NO
25	Will the Adjustment to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	NO
	AUGUST FILING	
26	. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
Expl	anation:	
11. E	Business not written	
12. E	Business not written	
13. E	Business not written	
14. E	Business not written	
15. E	Business not written	
16. E	Business not written	
17. E	Business not written	
18. E	Business not written	

19. Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 20. Business not written
- 21. Business not written
- 22. Business not written
- 23. Business not written
- 24. Business not written
- 25. Business not written
- 26. Business not written

Bar code:



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25. *FXFXP - Underwriting and Investment Exhibit - Part 3

EXEXE - Orderwining and investment Exhibit - Fait 3					
	1	2	3	4	5
	Cost	Other Claim	General		
	Containment	Adjustment	Administrative	Investment	
	Expenses	Expenses	Expenses	Expenses	Total
2504. Purchased Services	11,340		19,428		30,768
2597. Summary of remaining write-ins for Line 25 from Page 14	11,340	0	19,428	0	30,768

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